

# SMP — State Maintenance Plan

Administered by Blue Cross & Blue Shield United of Wisconsin



## BlueCross & BlueShield United of Wisconsin

An independent license of the Blue Cross and Blue Shield Association

### What we are

The SMP program provides maximum health care coverage over a broad range of benefits in a managed care environment.

Each SMP participant selects a primary care physician who directs the health care services of the participant and family.

It is administered by Blue Cross & Blue Shield United of Wisconsin – a local company known for its service, convenience, automated processing, and the I.D. card that is recognized and accepted across the nation.

### Where we are

In addition to our corporate headquarters located in Milwaukee, we have three regional service centers. We can answer questions about claims or benefits in our offices, by letter, by e-mail, or by telephone. To provide more personal service that is convenient and accessible, we also offer early evening/after work and walk-in customer service.

### Exclusions and limitations

- Physical exams requested by third parties (i.e., school, insurance, etc.)
- Services or supplies for custodial care as defined by the contract, or rest cures
- Cosmetic surgery
- Services, supplies or equipment that are not medically necessary, or which are experimental/ investigational
- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting
- In vitro fertilization or artificial insemination

- Weight loss programs, services or supplies
- Dental services except as specifically provided
- Organ transplants except as specifically provided
- Reversals of sterilization
- Care covered by worker's compensation

### Plan features

- A formal referral from your primary care physician is required for all services outside the care of your primary care physician or clinic.
- Preventive dental and vision is available for children.

### Covered Services – no deductible:

- Hospital services
- Maternity care
- Extended care facility (except custodial care)
- Surgery
- X-ray and laboratory services
- Office calls
- Routine physical exams

### Covered Services - paid at 80 percent after deductible:

- Physical, speech, and occupational therapy when necessitated by illness.
- Ambulance
- Extraction and/or replacement of natural teeth when necessitated by an accidental injury.

### Plan Changes for Year 2002:

- The annual deductible will increase to \$200, maximum of two per family.
- The prescription drug copayment will increase from \$3 for both brand name and generic drugs to \$15 for brand/\$5 for generic.

This is intended as a general outline of benefits. It is not intended to be a complete description of coverage and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions please refer to the Benefit Handbook available through your personnel representative or call us at Blue Cross & Blue Shield United of Wisconsin.

### Regional service centers

Customer service hotline for  
State of Wisconsin employees  
1-800-755-6400

#### Northeastern Service Center

145 South Pioneer Road  
Fond du Lac, WI 54935  
(920) 923-4141

#### Southeastern Service Center

401 West Michigan Street  
Milwaukee, WI 53203  
(414) 226-2233

#### Southwestern Service Center

19 West Main Street  
Evansville, WI 53536  
(608) 882-5967

#### Western Service Center

2270 EastRidge Center  
Eau Claire, WI 54701  
(715) 836-7737

Or e-mail us at our website:

[www.bluecrosswisconsin.com](http://www.bluecrosswisconsin.com)

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Deductible: \$200 per person, per calendar year; maximum of two per family; after deductible, plan pays 80%, you pay 20% until your coinsurance maximum has been reached. Coinsurance maximum is \$1,000 per individual/\$2,000 per family, and does not include the deductible. The benefit maximum major medical benefit is \$250,000 per lifetime.

Health Benefits	Plan Pays	Limitations
<b>*Physician</b>	100%	Selected primary physician or upon referral from primary physician
<b>Hospital</b>	100%	365 days in semi-private room.
<b>Laboratory and X-rays</b>	100%	When requested by primary or referral physician
<b>Drugs and biologicals</b>	100%	After copayment per prescription: \$15 for brand/\$5 for generic.
<b>Mental health</b>	100%	INPATIENT – 120 days or \$6,300 per calendar year, which ever is less. (Combined with alcohol and drug abuse)
<i>In 2002, annual dollar maximums for mental health services are suspended due to the Federal Mental Health Parity Act.</i>	90%	OUTPATIENT – Of first \$2,000 per calendar year. (Combined with alcohol and drug abuse)
	90%	TRANSITIONAL - Of first \$3,000 per calendar year. (Combined with alcohol and drug abuse)
<b>Alcohol and drug abuse</b>	100%	INPATIENT - 30 days or \$6,300 per calendar year, which ever is less. (Combined with mental health)
<i>Annual combined benefit maximum is \$7000</i>	90%	OUTPATIENT - Of first \$2,000 per calendar year. (Combined with mental health)
	90%	TRANSITIONAL - Of first \$3,000 per calendar year. (Combined with mental health)
<b>Emergency room</b>	100%	None for emergency. Non-emergency requires referral.
<b>Extended care facility</b>	100%	Maximum of 120 days per admission less hospital days used. Excludes custodial care.
<b>Vision care</b>	100%	For illness or disease only.
	100%	Preventive care for children under age 18.
<b>Prescribed medical services/supplies</b>	80%	Subject to deductible
<b>Transplants</b>	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal, as listed in the booklet. Excludes all services related to non-covered transplants.
<b>Chiropractic care</b>	100%	Same as physician
<b>Ambulance</b>	100%	First \$50
	80%	Thereafter, subject to deductible
<b>Additional Benefits</b>		
<b>Physical, speech &amp; occupational therapy</b>	80%	Subject to deductible
<b>Home hospice care</b>	100%	80 visits per six months
<b>Hearing aid</b>	0%	Not a covered benefit
<b>*Oral surgery</b>	100%	Same as physician
<b>Preventive dental care</b>	100%	Limited to children under age 12. Subject to deductible.

Except as required by law, SMP covers services only when provided by or referred by your primary physician, except emergency care.

SMP State Maintenance Plan pays the percent of charge(s) shown above. Charge(s) means customary, usual and reasonable demands for payment for services or other items for which benefits are available, as determined by Blue Cross & Blue Shield United of Wisconsin.

\* Professional services are limited to \$10,000 per illness or injury, then major medical.